

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>4/25/03</u>		2 Serial/Patent # <u>09/274,152</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input type="checkbox"/>	Filing			\$							
<input type="checkbox"/>	Amendment			\$							
<input type="checkbox"/>	Extension of Time			\$							
<input type="checkbox"/>	Notice of Appeal/Appeal			\$							
<input checked="" type="checkbox"/>	Petition	23	12/02/02	\$ 1280							
<input type="checkbox"/>	Issue			\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/>	Maintenance			\$							
<input type="checkbox"/>	Assignment			\$							
<input type="checkbox"/>	Other			\$							
		7 TOTAL AMOUNT OF REFUND		\$ 1280							
10 REASON:		8 TO BE REFUNDED BY:									
<input type="checkbox"/>	Overpayment	<input type="checkbox"/> Treasury Check									
<input type="checkbox"/>	Duplicate Payment	<input checked="" type="checkbox"/> Credit Deposit A/C #:									
<input checked="" type="checkbox"/>	No Fee Due (Explanation):	9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td>0</td><td>2</td><td>--</td><td>2</td><td>6</td><td>6</td><td>6</td> </tr> </table>			0	2	--	2	6	6	6
0	2	--	2	6	6	6					
<u>Notice of Abandonment vacated</u>											
11 REFUND REQUESTED BY: <u>C.T. Donnell</u>											
TYPED/PRINTED NAME: <u>C. T. Donnell</u>		TITLE: <u>Pet. atty</u>									
SIGNATURE: <u>Christine T. Donnell</u>		PHONE: <u>306-5589</u>									
OFFICE: <u>4700</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>Cary Kibok</u>		DATE: <u>5/5/03</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**

PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

Application or Docket Number

09/274152

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	19 minus 20 = *	
INDEPENDENT CLAIMS	3 minus 3 = *	
MULTIPLE DEPENDENT CLAIM PRESENT		

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE	OR	RATE	FEE
	380.00			760.00
X\$ 9=			X\$18=	
X39=			X78=	
+130=			+260=	
TOTAL			TOTAL	760

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 31 Minus ** 20 = 11		
Independent	* 5 Minus *** 3 = 2		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

SMALL ENTITY

OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X\$ 9=			X\$18=	198.00
X39=			X78=	80.00
+130=			+260=	-
TOTAL ADDIT. FEE			TOTAL ADDIT. FEE	278.00

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 87 Minus ** 31 = 56		
Independent	* 5 Minus *** 5 = -		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X\$ 9=			X\$18=	108.00
X39=			X78=	
+130=			+260=	
TOTAL ADDIT. FEE			TOTAL ADDIT. FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* Minus ** =		
Independent	* Minus *** =		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X\$ 9=			X\$18=	
X39=			X78=	
+130=			+260=	
TOTAL ADDIT. FEE			TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.